

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01603

1160

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? entire life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 528 Washington St.
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

William Thomas Adams

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Myrtle K. Adams

7. Birth date of deceased (mo., day, yr.)

January 19-1876

6. (c) If alive, give age..... years

8. AGE:

71 YearsMonths 1Days 8

If less than one day

..... hrs. min.

9. Birthplace

Cambridge

(Town, county, and state)

10. Usual occupation

Plumber Retired

11. Industry or business

FATHER

12. Name

George E. Adams

13. Birthplace

Cambridge

MOTHER

14. Maiden name

Jeannette Mears

15. Birthplace

Cambridge

16. Informant

Mrs W.T. Adams

Address

528 Washington St. Cambridge

17.

(Burial, cremation, or removal. Which?)

Date thereof

3-2-47
(month) (day) (year)

Cemetery or crematory

Greenlawn

Location

Cambridge, Md

18. Funeral director

Kenneth R. Thomas

Address

Cambridge, Md

19.

(Date rec'd by registrar)

3/147John Mace Jr MD
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 27 1947 at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 1941 19. to Feb 27 1947and that I last saw him alive on Feb 27 1947

Immediate cause of death

Pulmonary Tuberculosis
relapsed, ulcerative

DURATION

?

Due to

Due to

Other conditions

Diabetes mellitus?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

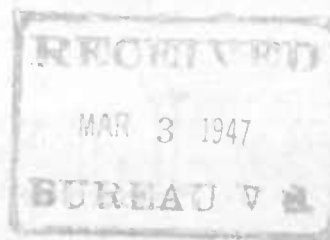
Injured at work?

23. SIGNATURE

James A. Thompson MD

M. D. or other

Address Cambridge, Md Date signed Mar 15



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100

CERTIFICATE OF DEATH

01604

Reg. Diat. No. 1164

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Regular

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 143 Washington St
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Ernest Ruben Bailey

3. (b) Social Security Number

4. Sex

male

5. Color or race

col

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

July 24 1946

8. AGE:

Years

Months

Days

If less than one day

* 78

hrs.

min.

9. Birthplace

Cambridge Md
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

Brunfield Waters

13. Birthplace

Cambridge Md

MOTHER

14. Maiden name

Geroldene Bailey

15. Birthplace

Cambridge Md

16. Informant

Geroldene Bailey

Address

143 Washington St

17. (Burial, cremation, or removal, Which?)

Bethel

Date thereof

Feb 4
(month) (day) (year)

Cemetary or crematory

Cemetary

Location

Cambridge Md

18. Funeral director

Levin H. Bauman

Address

Cambridge Md

19. (Date rec'd by registrar)

Feb. 4 - 47

19. (Date rec'd by registrar)

John Mace Jr md

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 219. 47

at

5:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 1 19. 47 to February 2 19. 47and that I last saw h. alive on February 1 19. 47

Immediate cause of death

Lobar Pneumonia

DURATION

4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Carol M. A. Clair MD

M, D, or other

Address

143 Washington St

Date signed

2/3/47

RECEIVED

FEB 7 1947

BUREAU # 6

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 154 Maryland St
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Brenda Banks

3.(b) Social Security Number

4. Sex

female

5. Color or race

colored

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 11 1946

8. AGE:

Years

Months

Days

It less than one day

23

_____ hrs. _____ min.

9. Birthplace

Cambridge Md
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

James Young

13. Birthplace

Baltimore Md

MOTHER

14. Maiden name

Elizabeth Banks

15. Birthplace

Baltimore Md

16. Informant

Elizabeth Banks

Address

154 Maryland St Cambridge Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

Feb 17
(month) (day) (year)

Cemetery or crematory

Cambridge

Location

18. Funeral director

Leis H B. Bagnaw

Address

Cambridge Md

19.

(Date rec'd by registrar)

2/16/4747John Mac Jr. MD

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH February 14 1947 at 10:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 3 1947 to February 14 1947and that I last saw him alive on February 14 1947

Immediate cause of death

Bronchopneumonia
(Primary)

DURATION

10 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Correll M St Clair MD

M. D. or other

Address Pine & Cedar Sts Date signed 2/14/47

0010

RECEIVED

FEB 20 1947

BUREAU 6

7-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (89-4)

CERTIFICATE OF DEATH

Reg. Dist. No. 0164610

1. PLACE OF DEATH:

County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

at homeHow long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ella Bayneum

3. (b) Social Security Number

4. Sex Female5. Color or race negro6. (a) Single, married, widowed, or divorced widow6. (b) Name of husband or wife Noah Bayneumdecd.6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) February 3, 18788. AGE: Years 69 Months 0 Days 24 If less than one day hrs. min.9. Birthplace East New Market, Md.
(Town, county, and state)10. Usual occupation none11. Industry or business 12. Name Unknown Todd13. Birthplace Maryland14. Maiden name Maria Todd15. Birthplace Maryland16. Informant Amos HughesAddress Chester, Penna.17. burial Date thereof 2/3/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory E. New Market CemeteryLocation E. New Market Md.18. Funeral director Louis BayneumAddress Cambridge, Md.19. Mar 1 1947 Elizabeth C Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1947 at 9:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 1945 to February 1947and that I last saw him alive on February 26 1947Immediate cause of death Cerebral thrombosisCerebral thrombosisDue to General ArteriosclerosisDue to Due to Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE W. Harrison MDAddress Harlock Md.Date signed 2/3/47

RECEIVED

MAR 4 1947

BUREAU 8

1-35

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 512

CERTIFICATE OF DEATH

01607

Reg. Dist. No. 1160

1. PLACE OF DEATH:
County... Dorchester
City or town... Rural-Church Creek
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Church Creek
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Dorchester
City or town... Rural-Church Creek
(If outside city or town limits, write RURAL and give nearest town)
Street No. Church Creek
(If rural, give LOCATION)
2.(a) If veteran, name war...

3. (a) FULL NAME

J. Will Bradshaw

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Justinia Barton
(Died 9/15/1936) 6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 30, 1862

8. AGE: Years 84 Months 7 Days 10 It less than one day
hrs. min.

9. Birthplace Golden Hill, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business It

FATHER 12. Name Joseph W. Bradshaw

13. Birthplace Maryland.

MOTHER 14. Maiden name Mary Pearson

15. Birthplace Maryland

16. Informant Mrs. Mary Spicer

Address Golden Hill, Maryland.

17. Burial Date thereof Feb. 12, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Trinity Cemetery

Location Church Creek, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 2/12/47 19 47 John Macfarland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1947 at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 1/30 19 47

Immediate cause of death Coronary Atherosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

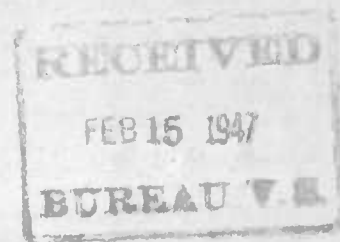
Injured at home, farm, industry, public place (where?)

Means of injury none Injured at work?

23. SIGNATURE Gay Stule

Address Cambridge, Md.

Date signed 2/12-1947



1-35-

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01608

Reg. Dist. No. 1190

1. PLACE OF DEATH:
 County Dorchester
 City or town Crocheron
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Crocheron
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Crocheron
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Crocheron
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME
Jane Phobe Bramble

3. (b) Social Security Number
-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Prettyman Bramble
Died 1900 6.(c) If alive, give age 1849 years
 7. Birth date of deceased (mo., day, yr.)
 8. AGE: Years 98 Months - Days - If less than one day - hrs. - min.

9. Birthplace Crocheron, Dor. Co., Md.
 (Town, county, and state)

10. Usual occupation -

11. Industry or business -

FATHER 12. Name Thomas Todd
 13. Birthplace Maryland

MOTHER 14. Maiden name Not Known
 15. Birthplace Il Il

16. Informant Hobart Pritchett
 Address Washington, D.C.

17. Burial Date thereof Feb. 14, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Bethany Cemetery
 Location Crocheron, Dor. Co., Md.

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. Feb 14 1947 Wilson & Pritchett
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12, 1947 at 9:30A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Myocardial Degeneration DURATION several years

Due to Sensitivity

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

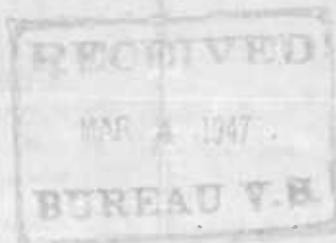
Injured at home, farm, industry, public place (where?) -

Means of Injury - Injured at work? -

23. SIGNATURE G. K. Shivers, Dep. Md. Comm.

M. D. or other -

Address Cambridge, Md. Date signed Feb 14/47



2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

CERTIFICATE OF DEATH

Reg. Dist. No. 11609

1. PLACE OF DEATH:

County DorchesterCity or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Addie Vickers Brannock

3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife William A. Brannock7. Birth date of deceased (mo., day, yr.) 1856 6.(c) If alive, give age _____ years8. AGE: Years 91 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Church Creek, Md.
(Town, county, and state)10. Usual occupation none

11. Industry or business _____

12. Name Thomas Vickers13. Birthplace Id.14. Maiden name Rowena Richardson15. Birthplace Md.16. Informant Mrs. Gorman HillAddress Church Creek, Md.17. burial Date thereof 2/28/47.
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Old Trinity Churchyard
Church Creek, Md.

Location _____

18. Funeral director Le Compte Funeral ServiceAddress Cambridge, Md.19. 2/28 47 John M. ...
(Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 19 47 at 4:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 46 to February 25 19 47and that I last saw him alive on February 25 19 47

Immediate cause of death _____

Carcinoma of the pyloric end of the stomach

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

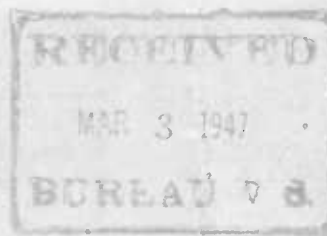
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Lida Orem Meredith, M.D.
M. D. or other _____Address Cambridge, Maryland Date signed Feb. 27, 1947



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 015106 116

1. PLACE OF DEATH:

County... Dorchester
 City or town... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 Years
 Hospital, institution, or street address where death occurred:
404 Academy St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester
 City or town... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 404 Academy St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Anna G. Brown

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Bernard B. Brown
 (Died June 5, 1939) 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Aug. 18, 1878

8. AGE: Years 68 Months 5 Days 22 If less than one day
 hrs. min.

9. Birthplace Taylor's Island, Dor. Co., Md.
 (Town, county, and state)

10. Usual occupation Domestic11. Industry or business Home

FATHER 12. Name Eugene Jones
 13. Birthplace Maryland

MOTHER 14. Maiden name Elizabeth McClain
 15. Birthplace Maryland

16. Informant Mrs. Charles Creighton
 Address Cambridge, Maryland

17. Burial Date thereof Feb. 12, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Bethlehem Cemetery
 Location Taylor's Island, Dor. Co., Md.

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. 2/12 19 47 John McClain M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1947 at 1:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 10, 1947 to Feb. 10, 1947
 and that I last saw her alive on Feb. 10, 1947

Immediate cause of death

Acute dilatation of heart
with pulmonary edema
hypertensive CVD

DURATION

1 1/2 hr

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

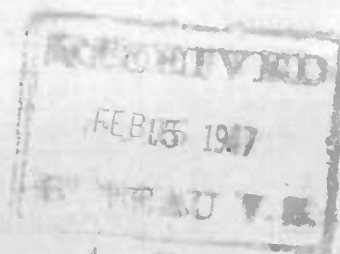
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James C. Thompson M.D. M. D. or other

Address Cambridge, MD Date signed Feb. 12, 1947



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-4)

01611

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County... Dorchester
 City or town... Cambridge, R.F.D.#2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... all of life
 Hospital, institution, or street address where death occurred:
Cordtown
 How long in hospital or institution?... X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester
 City or town... Cambridge, R.F.D.#2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Cordtown
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Charles Wesley Bryan

3. (b) Social Security Number

4. Sex... male 5. Color or race... colored 6. (a) Single, married, widowed, or divorced... married
 6. (b) Name of husband or wife... Emma Bryan
 6. (c) If alive, give age... 70 years
 7. Birth date of deceased (mo., day, yr.)... 1871
 8. AGE: Years... 76 Months... X Days... X If less than one day... hrs. min.

9. Birthplace... Maryland
 (Town, county, and state)
 10. Usual occupation... Laborer
 11. Industry or business... Farm
 12. Name... Charles W. Bryan
 13. Birthplace... Md.
 14. Maiden name... X
 15. Birthplace... Md.

16. Informant... Emma Bryan
 Address... Cambridge, Md. R.F.D.#2
 17. Cordtown Date thereof... Feb 23, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Cordtown
 Location... near Cambridge
 18. Funeral director... Leis H. Bayne
 Address...

19. 2/21 47 John M. Jones
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

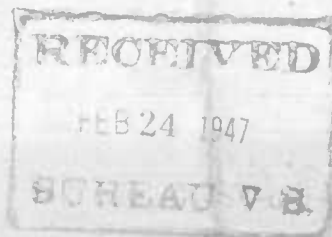
20. DATE OF DEATH... February 19, 1947, at 7 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X 19... fo... X 19...
 and that I last saw h... alive on... X 19...
 Immediate cause of death... Chronic Myocarditis
Arterio-sclerosis
 Due to...
 Due to...
 Other conditions... X
 (Include pregnancy within 8 months of death)

DURATION
several
months

Major findings of operations...
 Date of op...
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... Joe K. Shriver Dep. Med. Exam.
 M. D. or other
 Address... Cambridge, Md. Date signed... Feb. 20/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

01612

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 year 2 months 4 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalNow long in hospital or institution? 1 year 2 months 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's Co.City or town Baltimore City
(If outside city or town limits, write RURAL and give nearest town)Street No. 2814 Boarman Avenue
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3.(a) FULL NAME

Benjamin Franklin Bunch

3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

male

white

widowed

6.(b) Name of husband or wife Daisy B. S. Bunch7. Birth date of deceased (mo., day, yr.) February 12, 1877

8. AGE: Years Months Days If less than one day

69

11

27

hrs. min.

9. Birthplace Stevensville, Maryland
(Town, county, and state)10. Usual occupation waterman

11. Industry or business

12. Name Joshua Jackson Bunch13. Birthplace Maryland14. Maiden name unknown15. Birthplace unknown16. Informant Eastern Shore State Hospital recordAddress Cambridge, Maryland17. Buried Date thereof Feb 18-47
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory Stevensville MdLocation Stevensville Md18. Funeral director Anna E. BrownAddress Easton Md19. 2/12 19 47 John M. Branscombe, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1947, at 2 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 8, 1945 to February 11, 1947and that I last saw him alive on February 11, 1947

Immediate cause of death

Brachio-pneumonia

DURATION

Due to Cerebral arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Grace M. Branscombe, M.D.Address Cambridge, Maryland Date signed 2-11-47

RECEIVED

FEB 14 1947

BUREAU 7 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

*Evidence for addition of
place of residence is
shown on A-109 - 2/27/47*

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 330

01613

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:
County..... Rochester Co
City or town..... Cambridge Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 5 days
Hospital, institution, or street address where death occurred:
Hospital Cambridge Md
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Harford
City or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 63 Park Lane
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Richard Caldwell

3. (b) Social Security Number

4. Sex..... male 5. Color or race..... Col 6.(a) Single, married, widowed, or divorced..... married

6.(b) Name of husband or wife..... Irene Caldwell
Mar 16 1905 6.(c) If alive, give age..... 33 years

7. Birth date of deceased (mo., day, yr.)..... March 16, 1905

8. AGE: Years..... 41 Months..... 11 Days..... hrs..... min.....

9. Birthplace..... Windsboro D.C.
(Town, county, and state)

10. Usual occupation..... Salvager

11. Industry or business

12. Name..... Richard Caldwell

13. Birthplace..... Windsboro D.C.

14. Maiden name..... Mary Hall

15. Birthplace..... Windsboro D.C.

16. Informant..... Richard Caldwell

Address..... 73 E Baynes St/Phila

17. Burial..... Feb 16 1947
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory..... Cemetery

Location..... Windsboro D.C.

18. Funeral director..... Leeds H Baynes

Address..... Cambridge Md

19. 2/13/47 John M. [unclear]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb. 12, 1947, at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 6, 1947 to Feb. 12, 1947 and that I last saw him alive on Feb. 12, 1947

Immediate cause of death..... Influenzal (virus) pneumonia

DURATION

4 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Lawrence Manganor

M. D. or other..... 136 Race St.

Address..... Cambridge, Md Date signed..... 2/13/47

RECEIVED

FEB 15 1947

BUREAU V.E.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition
usual residence is
Blanton - 2, 109 - 2/14/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-1

CERTIFICATE OF DEATH

Reg. Diat. No. 160

1. PLACE OF DEATH:

County Dorchester
City or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? All of life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Andrew Campbell

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Calab

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

dead

7. Birth date of deceased (mo., day, yr.)

Don't know 1862

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

85

hrs. min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Laber

11. Industry or business

FATHER

12. Name

Andrew Campbell

13. Birthplace

Maryland

MOTHER

14. Maiden name

Don't know

15. Birthplace

Don't know

16. Informant

Margie Brown

Address

Church Creek

17.

(Burial, cremation, or removal, Which?)

Date thereof Feb 11 (month) (day) (year)

Cemetery or crematory

Church Creek

Location

Church Creek Md

18. Funeral director

Levin H. Barnes

Address

Cambridge Md

19.

(Date rec'd by registrar)

Feb 11 1947 John Macgregor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1947, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1 1947 to Feb 9 1947and that I last saw him alive on Feb 9 1947

Immediate cause of death

Chronic Myocarditis

DURATION

Due to

Due to

Other conditions Broncho pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Hugh Brown MD

M. D. or other

Address Cambridge Md Date signed 2/11/47

RECEIVED

FEB 13 1947

BUREAU V 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01615
 (83a)
 Reg. Dist. No. 1610

1. PLACE OF DEATH:

County Dorchester
 City or town East NewMarket
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:
X
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town East NewMarket
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. X
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Maggie Camper

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife X
 7. Birth date of deceased (mo., day, yr.) 1872
 6.(c) If alive, give age..... years
 8. AGE: Years 75 Months X Days X If less than one day
hrs. min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation housework
 11. Industry or business X
 12. Name James R. Camper
 13. Birthplace Maryland
 14. Maiden name Margaret Pinkett
 15. Birthplace Maryland

16. Informant Jennie Johnson
 Address East NewMarket, Md.

17. Burial Date thereof Feb 24 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cemetery
 Location East New Market, Md

18. Funeral director H. W. Willoughby & Son
 Address East New Market, Md.

19. Feb 22 19 47 Elizabeth C. Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH February 21 1947 5-30P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X 19 X, to X 19 X

and that I last saw him alive on X 19 X

Immediate cause of death Cerebral Haemorrhage DURATION 1 day

Due to Arterio-sclerosis ?

Due to

Other conditions X

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. K. Shriver, Dep. Med. Exam.
 M. D. or other

Address Cambridge, Md. Date signed Feb. 21/47

RECEIVED

MAR 7 1947

BUREAU 8

2-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester
City or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 Months
Hospital, institution, or street address where death occurred:
RFD # 3
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. RFD # 3
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Sarah J. Carpenter

3. (b) Social Security Number

-

| | | |
|--|----------------------------------|---|
| 4. Sex <u>Female</u> | 5. Color or race <u>White</u> | 6. (a) Single, married, widowed, or divorced <u>Widowed</u> |
| 6. (b) Name of husband or wife | | |
| 7. Birth date of deceased (mo., day, yr.) <u>Jan. 25, 1863</u> | | |
| 8. AGE: Years <u>84</u> | Months <u>-</u> | Days <u>17</u> If less than one day hrs. min. |

6. (c) If alive, give age years

9. Birthplace Greenwich, Conn.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Wm. R. Sherwood

13. Birthplace New York State

14. Maiden name Sarah M.

15. Birthplace U.S.A.

16. Informant Frank J. Cox

Address Harrison, New York

17. Burial Date thereof Feb. 17, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Friends Cemetery

Location Purchase, New York

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 2/13 19 47 John Macpherson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12, 1947 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 27 19 47 to Feb. 13 19 47
and that I last saw him/her alive on Feb. 8 19 47

Immediate cause of death Cerebral hemorrhage
DURATION 2 wks.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maynard M. D. or other

Address 136 Race St. Cambridge Date signed 2/13/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01610

CERTIFICATE OF DEATH

RECEIVED
FEB 15 1947
BUREAU T.S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B-2

CERTIFICATE OF DEATH

01617

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Washington St. E.
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Thomas Leon Chase

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

July - 9 - 1930

8. AGE:

Years

16

Months

5

Days

14

If less than one day

hrs. min.

9. Birthplace

Cambridge Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Madison Chase

13. Birthplace

Cambridge Md.

MOTHER

14. Maiden name

Hester Johns

15. Birthplace

Chataway Md. - Dorchester

18. Informant

Address

Madison Chase
Washington St. E. - Cambridge Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

February 26, 1947
(month) (day) (year)

Cemetery or crematory

Salem

Location

18. Funeral director

Address

Lewis H. Banynem
Cambridge Md.

19.

(Date rec'd by registrar)

19.

2/26 27 John M. M. M. M.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1947 at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 7 1947 to February 23 1947and that I last saw him alive on February 22 1947

Immediate cause of death

Pulmonary Hemorrhage

DURATION

5 days

Due to

Pulmonary tuberculosis

DURATION

12 months

Due to

Post Operative T.B. Kidney
Aug. 1946

(Include pregnancy within 3 months of death)

Major findings of operations

T.B. KidneyDate of op. Aug. 1946

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Carroll M. McLean
Address One Rock St. Date signed 2-25-47

M. D. or other

RECEIVED

FEB 28 1947

BUREAU V A

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

01618

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? One Year
 Hospital, institution, or street address where death occurred:
100 Willis St.
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 100 Willis St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Wilbert S. Dean

3. (b) Social Security Number

213-07-5418

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Nellie Bramble
 7. Birth date of deceased (mo., day, yr.) July 28, 1892 8.(c) If alive, give age 53 years
 8. AGE: Years 54 Months 6 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Wingates, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Merchant11. Industry or business Resturant12. Name John D. Dean13. Birthplace Maryland14. Maiden name Mary D. Johnson15. Birthplace Maryland16. Informant William G. BakerAddress Cambridge, Maryland17. Burial Date thereof Feb. 4, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory _____

Location _____

18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 2/5/47 19 47 John Mace Jr. md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2, 1947 at 11:10A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3, 1946 to Feb. 2, 1947and that I last saw him alive on Jan. 28, 1947Immediate cause of death Coronary occlusion

DURATION

1 min.Due to coronary thrombosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

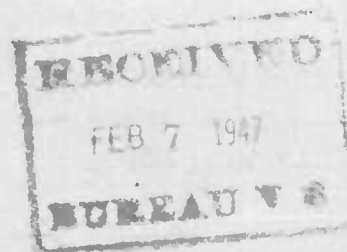
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Lawrence Mangano

M. D. or other

Address 136 Race St., Cambridge Md. Date signed Feb. 3, 1947



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (b)

CERTIFICATE OF DEATH

01619

Reg. Dist. No. 1110

1. PLACE OF DEATH:

County... Baltimore

City or town... East New Market

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Carroll

City or town... East New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Eugene Isaac Duker

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

1

5

12

hrs. min.

9. Birthplace

East New Market, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Isaac Duker

13. Birthplace

Bucktown, Md. Dow Co.

14. Maiden name

Ida C. Copeage

15. Birthplace

Dover, Delaware

16. Informant

Isaac Duker

Address

East New Market, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

2/18/47

Cemetery or crematory

Cemetery

Location

Shulock, Md.

18. Funeral director

J. B. Thompson

Address

East New Market, Md.

19.

(Date rec'd by registrar)

Feb. 17

47

Elizabeth C. Smith

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Feb 15, 1947 19... at 1:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 14 19... to Feb 15 19... 47

and that I last saw him alive on Feb 15 19... 47

Immediate cause of death

Pneumonia, lobar

DURATION

2 days

Due to

Anemia

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury

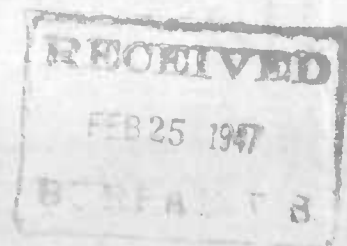
Injured at work?

23. SIGNATURE

R. D. Brown, M.D.

M. D. or other

Address East New Market Date signed Feb 17



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (472)

CERTIFICATE OF DEATH

01620

Reg. Dist. No. 160

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 26

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 225 Cedar St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

George Elzey

3. (b) Social Security Number

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Elzie Elzey6. (c) If alive give age - years

7. Birth date of

deceased (mo., day, yr.)

March 15 1889

8. AGE:

Years

Months

Days

If less than one day

57118

hrs.

min.

9. Birthplace

Nanticoke - Somerset Co. Md.
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

George Elzey

13. Birthplace

Nanticoke Somerset Co. Md.

MOTHER

14. Maiden name

Elza Miller

15. Birthplace

Nanticoke Somerset Co. Md.

16. Informant

Mrs. Elzie Elzey

Address

225 Cedar St.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Feb. 27 1947
(month) (day) (year)

Cemetery or crematory

Nanticoke Ceme.

Location

Nanticoke Som. Co. Md.

18. Funeral director

Address

Cambridge Md.

19.

(Date rec'd by registrar)

19

17

John M. M. M. M.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1947 at 9:50 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 11 1946 to February 23 1947and that I last saw him alive on February 23 1947

Immediate cause of death

Carcinoma Lung
Ch. Myocarditis

DURATION

5 mo
6 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Carroll M. H. Clark M.D.

M. D. or other

Address

Pine Bluffs

Date signed

2-23-47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

01621

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 Years

Hospital, institution, or street address where death occurred:

Race St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Race St.

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Thoams R. Evans

3. (b) Social Security Number

213-12-5033

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Louise Adams
(Died Jan. 8, 1936)7. Birth date of deceased (mo., day, yr.) March 27, 1866

8. AGE:

Years

80

Months

10

Days

11

If less than one day

.....hrs.min.

9. Birthplace Smith Island, Wo. Co., Md.
(Town, county, and state)10. Usual occupation Foreman11. Industry or business Philkips Pkg. Co.12. Name John T. Evans13. Birthplace Maryland14. Maiden name Margaret E. Messick15. Birthplace Maryland16. Informant Miss Rosa Lee EvansAddress Cambridge, Maryland.17. Burial Date thereof Feb. 11, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 2/10/47 John Messick, Jr.
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH February 8, 1947 at 5:15 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 31 1947 to Feb. 8 1947
and that I last saw him alive on Feb. 8 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 dayDue to Essential Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maryanor M. D. or otherAddress 136 Race St. Cambridge Date signed 2/10/47

13310

U.S. DEPARTMENT OF JUSTICE

U.S. BUREAU OF INVESTIGATION

RECEIVED
FEB 15 1947
BUREAU 78

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01622

Reg. Dist. No. 160

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 227 Race St.
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Eurith L. Fitzgerald

3. (b) Social Security Number

none4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mary E. Lynch6. (c) If alive, give age 47 years7. Birth date of deceased (mo., day, yr.) April 6 - 18788. AGE: Years 68 Months 10 Days 18 It less than one day9. Birthplace Laurel, Del.
(Town, county, and state)10. Usual occupation Clock watch repairman11. Industry or business W. H. Thomas & Co.12. Name W. H. Thomas & Co.13. Birthplace W. H. Thomas & Co.14. Maiden name Eleanora K. Phillips15. Birthplace W. H. Thomas & Co.16. Informant Mrs. Eurith L. FitzgeraldAddress Cambridge Md17. Burial Date thereof 2-76-'47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory East New MarketLocation East New Market, Md18. Funeral director Kenneth R. ThomasAddress Cambridge, Md19. 2-76-'47 John M. H. H. H.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 19 47, at 9 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 23 19 47, to Feb 24 19 47and that I last saw him alive on Feb 24 19 47Immediate cause of death a stomach & duodenal ulcer and rupture with perforationDue to generalized peritonitisDue to ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

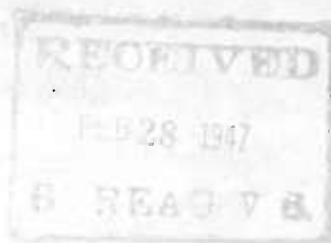
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James W. Thompson M.D.Address Cambridge Date signed Feb 25



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9-1)

CERTIFICATE OF DEATH

Reg. Dist. No. 1000

1. PLACE OF DEATH:

County DorchesterCity or town Surlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Surlock
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Catharina Higgins

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) aug 5 1880

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

666hrs.min.

9. Birthplace

md
(Town, county, and state)

10. Usual occupation

house work

11. Industry or business

FATHER

12. Name

John O Blake

13. Birthplace

md

14. Maiden name

Frankie Adams

15. Birthplace

md

16. Informant

Mildred Higgins

Address

Surlock

17.

Burial, cremation, or removal, Which?

Date thereof

Feb 17 1947
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

East New Market

18. Funeral director

Address

East New Market

19.

(Date rec'd by registrar)

19 47Char W. Hastings
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 19 47 at 12:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1 19 47, to February 17 19 47and that I last saw h.e. alive on January 14 19 47Immediate cause of death Cerebral Decomposition
Brain on B. Pulmonary
embolism

DURATION

Due to Chronic Myocarditis &hypertensionDue to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

John O. Blake

M. D. or other

Address

East New MarketDate signed 2/15/47



2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01624

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? X

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Tilghmans
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war. X

3. (a) FULL NAME

Charles C. Jackson

3. (b) Social Security Number

X

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower6. (b) Name of husband or wife X

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/24/18848. AGE: Years 62 Months 5 Days 26 If less than one day
..... hrs. min.9. Birthplace Tilghmans, Md.
(Town, county, and state)10. Usual occupation Waterman11. Industry or business X12. Name Wm. J. Jackson13. Birthplace Md14. Maiden name Sarah L. Covington15. Birthplace Md.16. Informant Frank JacksonAddress Md. (Tilghmans)17. Burial Date thereof 2/22/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory TilghmansLocation Tilghmans, Md.18. Funeral director LeCompte Funeral Service.Address Cambridge, Md.19. 2/21 19 47 John M. ...
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 19 47 at 4 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
..... 19....., to..... 19.....
and that I last saw h..... alive on..... 19.....

Immediate cause of death..... DURATION

Asphyxia

Due to.....

Carbon Monoxide

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

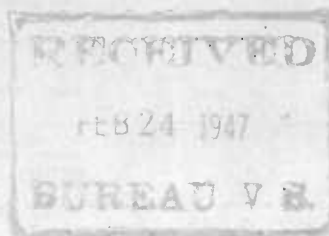
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Feb 18/47Where did injury occur? near Hudson Dorchester - Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) on box in the backMeans of Injury Coal Stove Injured at work? yes Run23. SIGNATURE J. K. ... Dupe Med ExamAddress Cambridge - Md M. D. or otherDate signed Feb 20/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

01625

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? entire life

Hospital, institution, or street address where death occurred:

402 Maryland Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 402 Maryland Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Saint Clinton Kinnaman

3. (b) Social Security Number

215-20-0490

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Mamie V. Albright6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.)

May 9-1876

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>70</u> | <u>9</u> | <u>17</u> | hrs. min. |

9. Birthplace

Cambridge R.F.D.
(Town, county, and state)

10. Usual occupation

Waterman - officer

11. Industry or business

State Police Boat

FATHER

12. Name

Wm. James Kinnaman

13. Birthplace

Dor. Co.

MOTHER

14. Maiden name

Frauncey Virginia Bassett

15. Birthplace

Dor. Co.

16. Informant

Mrs. H. C. Kinnaman

Address

Maryland Ave Cambridge, Md

17. Burial

Nov 1, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Md.

18. Funeral director

Herbert R. Thomas

Address

Cambridge, Md

19. Mar.

47
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH February 26, 1947, 12:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 6, 1944, to Feb 26, 1947and that I last saw him alive on Feb 26, 1947

Immediate cause of death

Coronary occlusion

DURATION

30 min.

Due to

arterio-sclerotic Cardio-vascular disease3 years +

Due to

Other conditions Bronchial asthma18 years

(Include pregnancy within 8 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

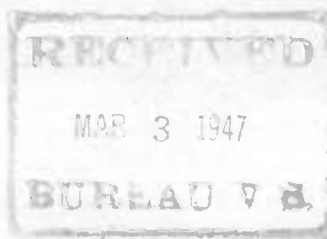
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

Eldridge H. WoffordCambridge, Md
Address Date signed 2-28-47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Andrews
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:

Home-AndrewsHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Andrews
(If outside city or town limits, write RURAL and give nearest town)Street No. Andrews

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

James Herman Lewis

3. (b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Viola Hughes6. (c) If alive, give age 37 years7. Birth date of deceased (mo., day, yr.) Aug. 4, 1870

8. AGE:

Years

76

Months

6

Days

1

If less than one day

hrs.

min.

9. Birthplace Bivalve, Maryland

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

"FATHER 12. Name John Lewis13. Birthplace MarylandMOTHER 14. Maiden name Not Known15. Birthplace " "16. Informant Mrs. Viola LewisAddress Andrews, Maryland17. Burial Date thereon Feb. 9, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Johns CemeteryLocation Golden Hill, Dor. Co., Md.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 2/9/47 John Marshall
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5, 1947, at L:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 29 1946 to Jan. 28 1947
and that I last saw him alive on Feb. 1 1947Immediate cause of death chronic mega-
carditis

DURATION

1 year

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. H. Towse M. D. or otherAddress Cambridge, Md. Date signed 2/8/47

RECEIVED

FEB 13 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

CERTIFICATE OF DEATH

Reg. Dist. No. 160

01627

1. PLACE OF DEATH:

County Lancaster Co
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 24 1946
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County San Antonio
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 240 Pine St.
 (If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

John Moakens
 4. Sex Male 5. Color or race Caucasian 6. (a) Single, married, widowed, or divorced dead

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May

6. (c) If alive, give age years

8. AGE: Years 86 Months 9 Days 0 If less than one day 0 hrs. 0 min.

9. Birthplace Church Creek
 (Town, county, and state)

10. Usual occupation Lab11. Industry or business none

12. Name Charles Moakens
 13. Birthplace Church Creek

14. Maiden name Miles Parker
 15. Birthplace Cambridge Md

16. Informant John Moakens
 Address Cambridge Md

17. Church Creek Date thereof Feb 15 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. 2/18 47
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 19 47 at 7 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 19 47 to Death 19 47
 and that I last saw him alive on Feb. 16 19 47

Immediate cause of death Heart Failure
 DURATION 1 mo

Due to Starvation 2 mo

Due to Ca Stomach (?) ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

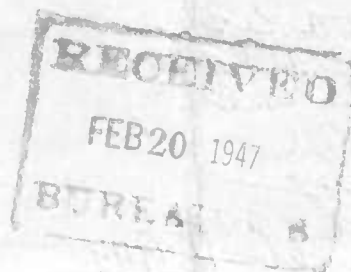
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE James W Thompson MD M. D. or other

Address Cambridge Md Date signed Feb 18 1947



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester
 City or town Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Fishing Creek
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Fishing Creek
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Betty Tyler North

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife John H. North
(Died 8/29/1925) 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Nov. 11, 1870.
 8. AGE: Years 76 Months 4 Days 2 It less than one day
3 mo. hrs. min.

9. Birthplace Fishing Creek, Dor. Co., Md.
 (Town, county, and state)

10. Usual occupation -11. Industry or business -FATHER 12. Name Matthew T. Tyler13. Birthplace MarylandMOTHER 14. Maiden name Angeline Creighton15. Birthplace Maryland16. Informant Mrs. Preston CreightonAddress Fishing Creek, Maryland.

17. Burial Date thereof Feb. 16, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hoosier Memorial CemeteryLocation Fishing Creek, Maryland.18. Funeral director LeCompte Funeral ServiceAddress Cambridge, Maryland.

19. Feb. 14 x7 James D. Meade
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 19 47 at 2:50A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct. 19 46 to Feb. 13 19 47

and that I last saw him alive on Feb. 12 19 47

Immediate cause of death diabetes and
arterio-sclerosis
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings of operations.....
 Date of op.

DURATION
4 yr
20 yrs.

Antopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

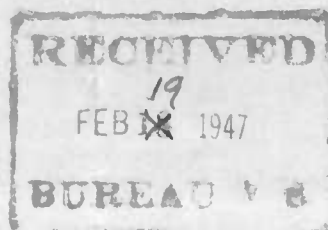
Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE James D. Meade M.D.
Fishing Creek, Md. M. D. or other

Address..... Date signed Feb. 14/47



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

 01629
 Reg. Dist. No. 1100

1. PLACE OF DEATH:

County DorchesterCity or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie L. Payne

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Jan 20 1870

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

77

..... hrs. min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

FATHER

12. Name

William Harper

13. Birthplace

md

14. Maiden name

Olivia Hubbard

15. Birthplace

md

16. Informant

Mrs. Alice Cohen

Address

Hurlock

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19. 47

Chas. W. Hastings

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Dorchester

City or town

Hurlock
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 1219 47at 7:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1819 47to February 1219 47and that I last saw h.c. alive on February 1219 47

Immediate cause of death

Cardiac Degeneration

DURATION

3 days

Due to

Gravely degenerative Heart Disease5 yrs

Due to

Diabetes Mellitus10 yrs

Other conditions

Fracture of Left Femur14 mos+ Biliary Fistula from Empyema8 wks

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. B. Thompson

M. D. or other

Address

Frederick, Md.

Date signed

2/15/47

RECEIVED

FEB 26 1947

BUREAU V 8

2-35

Evidence for the cause of age is shown in 4109-3/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Bunker, St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Annie E. Price

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

FemaleWWidowed6.(b) Name of husband or wife Charles E. Price7. Birth date of deceased (mo., day, yr.) June 1875
6.(c) If alive, give age..... years8. AGE: Years Months Days If less than one day
71 8 hrs. min.9. Birthplace Crisfield, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Not Known13. Birthplace Not Known14. Maiden name Not Known15. Birthplace Not Known16. Informant Mrs. Thomas JonesAddress Bunker St; Cambridge, Md.17. Burial Date thereof Feb. 24, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory GreenlawnLocation Cambridge, Md.18. Funeral director Le Comptes Funeral ServiceAddress High St. Cambridge, Md.19. Feb. 24, 1947 John Macer Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 Feb. 1947 at 11.30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
..... 19....., to..... 19.....
and that I last saw him..... alive on..... 19.....

Immediate cause of death

Cerebral Hemorrhage 1 wk.Due to Arterio-sclerosis severalDue to Chronic Myocarditis monthsOther conditions Chronic Myocarditis ✓

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury Injured at work?

23. SIGNATURE John H. Shriver, Dep. Med. Exam. M. D. or otherAddress Cambridge, Md. February 24, 1947 Date signed

RECEIVED

FEB 26 1947

BUREAU V S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The importance is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the charge of
Age is shown on
#109 - 3/4/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

178-6

01631

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Tilghmans,
(If outside city or town limits, write RURAL and give nearest town)
Street No. X
(If rural, give LOCATION)
2.(a) If veteran, name war X

3. (a) FULL NAME
Warfield M. Richardson

3. (b) Social Security Number
X

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife XXXXXXXXXX

7. Birth date of deceased (mo., day, yr.) 11/8/1882 6.(c) If alive, give age X years

8. AGE: Years 64 Months 3 Days 10 It less than one day
hrs. min.

9. Birthplace Tilghmans, Md.
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business X

12. Name Thomas Richardson

13. Birthplace Md

14. Maiden name Emma Jones

15. Birthplace Md

16. Informant Mrs. Thomas Richardson

Address Tilghmans, Md.

17. Burial Date thereof 2/21/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Tilghmans

Location Tilghmans, Md.

18. Funeral director LeCompte Funeral Service.

Address Cambridge, Md.

19. 2/1 19 47 John M. J. M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 19 47 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. alive on 19 to 19

Immediate cause of death Asphyxia

Due to Carbon Monoxide

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Feb 18/47

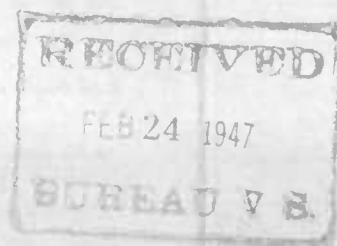
Where did injury occur? M. H. H. Dorchester, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) on boat - Choptank

Means of Injury Boat Store Injured at work? yes

23. SIGNATURE J. B. Shriver, Dep. Med. Exam.
M. D. or other

Address Cambridge, Md. Date signed Feb 20/47



1-355

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester
 City or town Crapo
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? entire life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Crapo
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2. (a) If veteran, name war World War # 1

3. (a) FULL NAME

Stielbye C. Robinson

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Betty Breeden

7. Birth date of deceased (mo., day, yr.) Nov 7, 1892 6. (c) If alive, give age _____ years

8. AGE: Years 54 Months 3 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Crapo
 (Town, county, and state)

10. Usual occupation Grocery Store Operator

11. Industry or business _____

12. Name George T. Robinson

13. Birthplace Nor Co.

14. Maiden name Emma Bradford

15. Birthplace Nor Co.

16. Informant Mrs Betty Robinson

Address Crapo md

17. Burial Burial Date thereof 2-16-1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Emmeyer M. C.

Location Crapo md

18. Funeral director Kenneth R. Thomas

Address Cambridge md

19. 2/16/47 19 47 John Macej md
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 19 47 at 12:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 19 46 to Dec 27 19 47
 and that I last saw him alive on Feb 18 19 47

Immediate cause of death Edema of lungs
anditis DURATION 1 year

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. H. Towner M. D. or other _____

Address Cambridge md Date signed 2/14/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 20 1947
BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

CERTIFICATE OF DEATH

Reg. Dist. No. 110

01633

1. PLACE OF DEATH:

County Dorchester
 City or town Seaford - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Georgetown
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Seaford - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Georgetown
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Joseph E. Short

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Annie L. Short

7. Birth date of deceased (mo., day, yr.) September 16, 1862 6.(c) If alive, give age

8. AGE: Years 84 Months 5 Days 1 If less than one day

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)

10. Usual occupation Retired Day laborer11. Industry or business Maric Package Company12. Name James Short13. Birthplace Sussex County, Delaware14. Maiden name Nancy Vaughn15. Birthplace Dorchester County, Maryland16. Informant Lester ShortAddress Seaford, Delaware, R.F.D.17. (Burial, cremation, or removal, Which?) Burial Date thereof February 19, 1947Cemetery or crematory Georgetown CemeteryLocation Georgetown, Maryland18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland19. Feb 19 - 19 47 Chas W Hastings

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 19 47 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. X alive on Feb 17 19 47Immediate cause of death Disease of CoronaryDue to Arteriosclerosis

Other conditions

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE Dr. K. Shriver, Dep Med ExamAddress Cambridge MdDate signed Feb 17, 1947

65310

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MAR 22 1947
BUREAU V 2

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (127)

CERTIFICATE OF DEATH

Reg. Dist. No. 01634 1160

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? entire life
 Hospital, institution, or street address where death occurred:
Cambridge Md. Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 405 Choplank Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Jennie P. Slacum

3. (b) Social Security Number

none

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife

Preston M. Slacum

7. Birth date of deceased (mo., day, yr.)

June 1-1884

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

62

8

17

hrs.

min.

9. Birthplace

Cambridge
 (Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Joseph Pearson

MOTHER FATHER

12. Name

Joseph Pearson

13. Birthplace

Cardelia Ward

14. Maiden name

Cardelia Ward

15. Birthplace

Preston M. Slacum

16. Informant

Cambridge Md

Address

17. Burial, cremation, or removal. Which?

Burial

Date thereof

2-20-47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Greenlawn

Location

Cambridge Md.

18. Funeral director

Kenneth P. Thomas

Address

Cambridge Md

19. (Date rec'd by registrar)

2/20/47

19

John M. [unclear]

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 19 47 5:22^{PM}

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/6 19 47 to 2/18 19 47 and that I last saw him alive on FEBRUARY 18 19 47.

Immediate cause of death

MYOCARDIAL FAILURE

DURATION

1 day

Due to LEFT CEREBRAL HEMORRHAGE

Due to Hypertensive cardiomegaly

Other conditions Long Pectate Systole

Erosion Cervix - Sall Halden

(Include pregnancy within 3 months of death)

Major findings of operations See Other Certificates

Date of op. 2/6/47

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other

Address Cambridge Md Date signed 2/19/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

72-2

01635

1160

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 4 mos. 16 ds
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution?..... 4 mos. 16 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 11, Willis Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Emma Thomas

3. (b) Social Security Number

none

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... deceased Daniel H. Thomas
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... August 23 1862
 8. AGE: Years..... 84 Months..... 5 mos Days..... 23 If less than one day..... hrs. min.
 9. Birthplace..... Beckwith Neck Dorchester Cy Maryland
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business..... Own home
 12. Name..... Levin Tregoe
 13. Birthplace..... Beckwith Neck Dorchester Cy Md.
 14. Maiden name..... Unknown
 15. Birthplace..... H

16. Informant..... Hospital Records
 Address..... Cambridge, Maryland
 17. Burial Date thereof..... 2-18-'47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Cambridge
 Location..... Cambridge, Md
Herbert R. Thomas
 18. Funeral director.....
 Address..... Cambridge, Md.
 19. 2/18 11 John M. Maffett, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

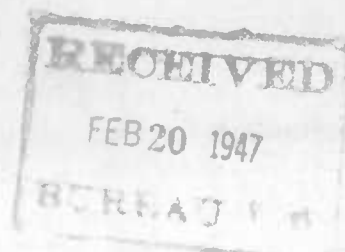
20. DATE OF DEATH..... February 16 1947 at 8 A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 20 1946 to February 16 1947
 and that I last saw her alive on February 14 1947
 Immediate cause of death.....
Arteriosclerotic cardio-vascular disease
 Due to.....
Senility
 Due to.....
Senile Psychosis
 Other conditions.....
 (Include pregnancy within 3 months of death)

DURATION

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?
 23. SIGNATURE..... Chas. M. Burdette
 M. D. or other
 Address..... Cambridge Date signed..... Feb 16/47



7-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

 01636
 Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Eastern Shore State Hospital
Grounds (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Indianola Fluharty Todd

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced widow

6.(b) Name of husband or wife Walter Todd

7. Birth date of deceased (mo., day, yr.) 11/15/1862 6.(c) If alive, give age..... years

8. AGE: Years 84 Months 3 Days 8 If less than one day
 hrs. min.

9. Birthplace Caroline County, Md.
 (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Samuel Fluharty
 13. Birthplace Md.

MOTHER 14. Maiden name Mary E. Fluharty
 15. Birthplace Md.

16. Informant G. Dorsey Todd
 Address Cambridge, Md.

17. burial Date thereof 2/26/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Family
Denton, Md.
 Location

18. Funeral director Le Comlte Funeral Service
 Address Cambridge, Md.

19. 2/27/47 John M. ...
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1947, at 1:17 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 10 to 1945 to Feb. 23 1947
 and that I last saw him alive on Feb. 22 1947

Immediate cause of death auricular fibrillation DURATION 7 days

Due to Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert E. Gardner M.D. M. D. or other

Address Cambridge Md. Date signed 2/26/47

RECEIVED

MAR 8 1947

BUREAU V B

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 182

CERTIFICATE OF DEATH

01637

Reg. Dist. No. 1110

1. PLACE OF DEATH:
County Dorchester
City or town New Secretary
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town New Secretary
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Sharon Lee Townsend

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced single
6. (b) Name of husband or wife
7. Birth date of deceased (mo., day, yr.) Jan 30 1947 6. (c) If alive, give age years
8. AGE: Years Months Days If less than one day
19 hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1947 at about 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
and that I last saw h. alive on
Immediate cause of death

Suffocation
Due to
Due to
Other conditions
(Include pregnancy within 8 months of death)

Major findings of operations
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Feb 17/47
Where did injury occur? New Secretary - Dorchester (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) at home
Means of injury Bedding Injured at work? No

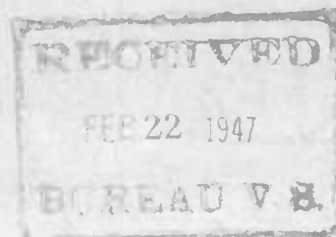
23. SIGNATURE Dr. R. Shriver, Dep. Med. Exam. M. D. or other
Address Cambridge Md. Date signed Feb 17/47

9. Birthplace Ind (Town, county, and state)
10. Usual occupation none
11. Industry or business none
12. Name Gorey Townsend
13. Birthplace Ind
14. Maiden name Byrtle Thugite
15. Birthplace Craps
16. Informant Gorey Townsend
Address Secretary
17. Burial (Burial, cremation, or removal? Which?) Burial Date thereof Feb 20 (month) (day) (year)
Cemetery or crematory Cemetery
Location East New Market
18. Funeral director H.B. Willoughby
Address East New Market
19. Feb 18 19 47 Elizabeth C. Smith Registrar
(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10P

CERTIFICATE OF DEATH

01638

Reg. Dist. No. 6160

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? One Day
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? One Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Madison
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Madison
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Elsie Brannock Trego

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife William E. Trego
 6.(c) If alive, give age 53 years
 7. Birth date of deceased (mo., day, yr.) June 23, 1888
 8. AGE: Years 58 Months 8 Days 5 It less than one day hrs. min.

9. Birthplace Taylor's Island, Dor. Co., Md.
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name Edward C. Brannock

13. Birthplace Maryland

14. Maiden name Margaret E. Bramble

15. Birthplace Maryland

16. Informant Mrs. Hubert Trego

Address Cambridge, Maryland.

17. Burial Date thereof Mar. 3, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Joppa M.E. Cemetery

Location Madison, Dor. Co., Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 3/11/47 John M. ...
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28, 1947 at 10:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 26, 1947 to Feb. 28, 1947
 and that I last saw him alive on Feb. 28, 1947

Immediate cause of death Lobar pneumonia DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maynard M. D. or other

Address 136 Race St. Cambridge, Md. Date signed 3/1/47

RECEIVED
MAR 4 1941
BUREAU 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

Reg. Dist. No. 01639 1160

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
115 Phillips Avenue
 How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 115 Phillips Avenue
 (If rural, give LOCATION)
 2(a) If veteran, name war ---

3. (a) FULL NAME

Alwilda Bassett Twilley

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife George H. Twilley
 7. Birth date of deceased (mo., day, yr.) 3-1-1869 6. (c) If alive, give age --- years
 8. AGE: Years 77 Months 11 Days 24 It less than one day --- hrs. --- min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation none
 11. Industry or business "

FATHER 12. Name John N. Bassett
 13. Birthplace Cambridge, Maryland
 MOTHER 14. Maiden name Elizabeth Harding
 15. Birthplace Maryland

16. Informant Mrs. Robert Ewing
 Address Cambridge, Maryland

17. Burial Burial Date thereof 3-1-47
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Greenlawn Cemetery
 Location Cambridge, Maryland

18. Funeral director LeComptes Funeral Service
 Address Cambridge, Maryland

19. 3/1/47 19. 47 James
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 19 47 at 11:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 19 47 to Feb. 25 19 47
 and that I last saw her alive on Feb. 24 19 47

Immediate cause of death

Arterio-sclerotic Cardio-
Vascular Renal Disease
+ Congestive Failure
+ Renal Failure

DURATION

1 Mo. +
2 wks
4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

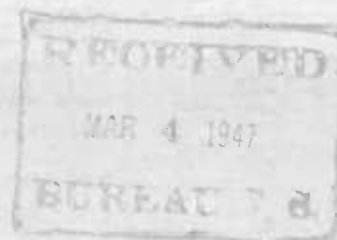
Injured at work?

23. SIGNATURE

M. D. or other

Cambridge, Md. Date signed 2-28-47

18019



1-35